



# State of New Hampshire

## DEPARTMENT OF SAFETY

Richard M. Flynn, Commissioner of Safety

### Division of State Police

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305

Telephone: 603-271-2575



Colonel Frederick H. Booth  
Director

Dear CHRI User,

Several changes have been made to New Hampshire Code of Administrative Rule Saf-C 5700 OPERATION OF THE CENTRAL REPOSITORY: CRIMINAL RECORDS. Highlighted are those that are most significant.

#### Effective October 15, 2004:

- The cost for a New Hampshire Criminal History Record Information (CHRI) is **\$15.00** per request.
- The cost for a Reduced Fee request is **\$7.50**.
- No agency or individual is exempt from the fee, except:
  - If a record is requested for investigative purposes by an individual representing,
    - A criminal justice agency
    - Law enforcement personnel
    - The Department of Defense, and
    - The Internal Revenue Service.

The NATIONAL CRIME PREVENTION AND PRIVACY COMPACT ACT (The Compact), by New Hampshire statutory authority, was enacted to allow non-criminal justice agencies to obtain criminal history record information from other "Compact" states. Presently there are 21 Compact states, including New Hampshire. Agencies wishing to obtain a Compact state criminal history, must submit the applicant's fingerprints on an FBI applicant fingerprint card *and* a New Hampshire CHRI request form. The fee for handling a Compact request is **\$39.00**.

The procedure for requesting a New Hampshire CHRI is still the same, however a revised authorization request form is attached for your use. Also, attached is a list of participating Compact states.

Should you have additional questions, you may contact the Criminal Records Unit at (603) 271-2538, or e-mail at [jkelleth@safety.state.nh.us](mailto:jkelleth@safety.state.nh.us). I also invite you to visit our website at [www.state.nh.us/safety/nhsp](http://www.state.nh.us/safety/nhsp).

Sincerely,

Jeffrey R. Kellett, Administrator  
State Police Criminal Records Unit



New Hampshire Department of Safety  
**DIVISION OF STATE POLICE**  
Central Repository for Criminal Records  
33 Hazen Drive, Concord, NH 03305

**CRIMINAL RECORD RELEASE AUTHORIZATION FORM**

**SECTION I**

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME \_\_\_\_\_  
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ SEX \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

PURPOSE FOR RECORD: ☐ Housing ☐ Employment ☐ Annulment/Expungement ☐ Other \_\_\_\_\_  
Specify

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

**SECTION II**

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,  
**ALL OF SECTION II MUST BE COMPLETED**

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON / FIRM TO RECEIVE RECORD \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Affix Seal) (Comm Exp.)

\_\_\_\_\_  
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD DATE \_\_\_\_\_

**NOTE: A \$15.00 fee is required for each request - make checks payable to: State of NH – Criminal Records**

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**REDUCED FEE REQUEST FORM**

**SECTION 5703.07 Fee Exemption of the *Rules and Regulations for the Operation of the Central Repository*: (d) Volunteers for public or private not-for-profit agencies that provide services to the elderly, the disabled or children shall be charged \$7.50 for each criminal record check requested.**

**PLEASE PRINT OR TYPE CLEARLY**

**NAME** \_\_\_\_\_  
ORGANIZATION OR AGENCY

**ADDRESS** \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**TELEPHONE NUMBER** \_\_\_\_\_ **FAX NUMBER** \_\_\_\_\_

IS AGENCY OR ORGANIZATION NON-PROFIT? YES \_\_\_\_\_ NO \_\_\_\_\_

IS THE REQUESTED PERSON(S) A VOLUNTEER? YES \_\_\_\_\_ NO \_\_\_\_\_

WILL THE SERVICES BE TO THE ELDERLY, THE  
DISABLED OR CHILDREN? YES \_\_\_\_\_ NO \_\_\_\_\_

THE ABOVE INFORMATION IS ACCURATE AND TRUE:

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

FOR THE AGENCY OR ORGANIZATION  
Signed under penalty of unsworn falsification pursuant to RSA 641:3